

# Application For MCSC Work and Training Program

## Return to:

Milwaukee Community Service Corps  
1441 N. 7<sup>th</sup> St  
Milwaukee, WI 53205

If emailing use: [mconsiglio@mcscwi.org](mailto:mconsiglio@mcscwi.org)

## Personal Information

Name (Last, First, Mi)

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		

## Position

Are you available to work weekends and evenings? (Y/N)

Will you be available to work into the 2019 school year? (Y/N)

## Education

What grade are you currently in?

What school do you attend?

What type of career and work are you interested in? Please explain below.

## Parent/Guardian Consent

As the parent/guardian of this applicant, I understand that participation in this program will require my child to work on weekends and at night up to approximately 8PM. Student participants may not work during regular school hours.

Name:

Date

## Signature

I certify that my answers are true and complete to the best of my knowledge.

Name (Please Print)

Signature

Date